

## FREQUENTLY ASKED QUESTION # 9: WHAT IF MY INJURY OR ILLNESS RECURS?



### DEFINITIONS:

- **Recurrence of disability** – Work stoppage caused by:
  - A spontaneous return of symptoms from a previous injury or occupational disease with no intervening case;
  - A return or increase of a disability due to a consequential injury (which was a result of the weakness/impairment caused by the previous injury); OR
  - Withdrawal of a light duty or alternate position for reasons other than misconduct, non-performance of duty, or organizational action that impacts those who are performing full duty positions as well as those in light duty/alternate positions (i.e. RIF, closure of facility.)
- **Recurrence of medical condition** – Need for additional medical treatment after being released from treatment for the work-related injury. (Continuing treatment is not a recurrence.)

### KEY POINTS:

- **Entitlement to Continuation of Pay (COP):**
  - You are not entitled to COP for an occupational disease claim.
  - If the original injury was a traumatic injury, you will only be entitled to COP if the recurrence occurs within the 45-day entitlement period and you have not exhausted the allotted days.
- **Authorization for Medical Examination and/or Treatment (CA-16):**
  - Your supervisor cannot issue you a CA-16 for an occupational disease.
  - If the original injury was a traumatic injury, and the recurrence is less than 90 days after your return to work, a CA-16 can be requested from your supervisor.

### INSTRUCTIONS:

1. If either of the above situations occurs, you should submit a Notice of Recurrence, [CA-2a](#) to your supervisor. [See CA-2a Instructions – Employee.](#)
2. If you are not entitled to COP, you have the following options for requesting time off:
  - Request Leave Without Pay (LWOP) and process a Claim for Compensation, CA-7. [See FAQ # 6.](#)
  - Request annual or sick leave to cover your extended absence. [See FAQ # 8.](#)

**Questions? Contact the ARC WC Specialist at (304) 480-8229  
or email questions to [WorkersComp@bpd.treas.gov](mailto:WorkersComp@bpd.treas.gov)**